

Student's Name: _____
UH ID# : _____
Program : _____

UNIVERSITY OF HAWAII • KAPI'OLANI COMMUNITY COLLEGE

Nursing Department

MEDICAL CONSENT FORM
(To be completed by student or parent if a minor)

Please Fill out either A OR B:

A. I (We) _____ consent to and
(student or parents/guardian if a minor)
authorize any medical doctor or dentist and others working under their supervision to treat
_____ for any illness or injury.
(name of participant)

I (We) further agree to pay any and all such dental and medical costs, expenses, and charges and to release and discharge and hold harmless the State of Hawai'i, its employees and agents from and against any liability or any claim or demand arising from or connected with such medical treatment or care.

*****OR*****

B. I (We) _____, DO NOT consent to
(student or parents/guardian if minor)
or authorize any medical doctor or dentist or others working under their supervision
to treat _____ for any illness or injury.
(name of participant)

I (We) therefore agree to assume the risk of any injury or damages relating to, and outside of or in connection with said failure to provide any medical treatment or care.

I (We) therefore agree to assume the risk of any injury or damages to
_____ from the lack of any medical care or treatment
(name of participant)
and further agree to release and discharge and hold harmless the State of Hawai'i, its employees and agents from and against any liability and any claim or demand arising out of or in connection with said failure to provide any medical care and treatment.

_____	_____
Student's Signature	Date
_____	_____
Co-signature of parent or guardian if a minor	Date
_____	_____
Home Address	Phone (Home)
_____	_____
City	Zip Code
_____	_____
	Phone (Business)

1. IN CASE OF EMERGENCY NOTIFY: Please Give at least two names:
First _____ Phone _____
Second _____ Phone _____
Third _____ Phone _____

Give name of physician. If you don't know, write "NA".
2. PHYSICIAN'S FULL NAME _____ Phone _____

Are you under treatment for any condition or taking any medications we should know about? Please specify.